

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**JACOB HARTMANN**

Mailing Address 1201 S PRAIRIE AVE, APT 1405

City	State	Zip Code
CHICAGO	IL	60605-3423

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**NOMURA**

Occupation  
**BANKING**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17.302056**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**B. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM S. HARVIE**

Mailing Address 9747 PEBBLE BEACH DR.

City	State	Zip Code
SANTEE	CA	92071-2016

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TORREY PINES HIGH SCHOOL**

Occupation  
**HIGH SCHOOL PHYSICS TEACHER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.302338**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**CAROL HAVENS**

Mailing Address POB 535

City	State	Zip Code
STANWOOD	WA	98292-0535

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

**Transaction ID : SA17.305180**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....

3300.00

**Total This Period (last page this line number only)**.....